

BP-A489_HIV Counseling Documentation

HIV COUNSELING DOCUMENTATION

Directions:

Use the following criteria to counsel the patient who is tested for the HIV antibody. Check off each item as they are discussed. Write NA beside any item that is inappropriate to the situation. Secure this form until pre- and post-test counseling is completed, then file in the patient's chart, documenting in progress notes that counseling was completed as provided on forms BP-490(61), BP-491(61), and BP-492(61), as appropriate.

PRETEST:

- _____ 1. Explain purpose of session.
- _____ 2. Explain confidentiality.
- _____ 3. Explain HIV antibody test.
 - _____ a. What AIDS is
 - _____ b. What the test is
 - _____ c. Test Procedure
 - _____ d. Meaning of test results
 - _____ e. Inability of detecting early infection (false negatives)
 - _____ f. Possible need for additional testing
 - _____ g. Complications and consequence of a positive test.
- _____ 4. List risk factors.
- _____ 5. Explain precautions for persons with possible exposure.
- _____ 6. Obtain informed consent (when applicable).
- _____ 7. Risk Reduction Behaviors. Educational material given.
- _____ 8. Patient Reactions/Comments.

Inmate Name	Register No.
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I understand the above information about the HIV test.

Signature of Inmate	Signature of Staff Counselor
Date:	

File in the Medical Record: Section 6.

HIV Post Counseling Documentation

POST-TEST: Seronegative

- _____ 1. Explain purpose of session.
- _____ 2. Review confidentiality.
- _____ 3. Test Information
 - _____ a. Inform patient of negative test result.
 - _____ b. Explain purpose of test.
 - _____ c. Identify remaining risks.
 - _____ d. Explain inability of test to detect early infections. (false negatives)
- _____ 4. Explain risk reduction behaviors (high risk)
- _____ 5. Discuss follow-up testing (high risk)
- _____ 6. Give additional education material if requested.
- _____ 7. Patients Reactions/Level of Understanding/Comments

I understand the above information.

Signature of Inmate	Signature of Staff Counselor
Date:	

Seropositive Post-Test Counseling

- _____ 1. Confidentiality review.
- _____ 2. Patient informed of results of test by medical staff.
- _____ 3. Patient referred to the psychology department for follow-up counseling.

Signature of Inmate	Signature of Staff Counselor
Date:	

Replaces BP-S489.061 of AUG 1994